

APR 12 2005

Atty Docket No. 020860-000510US

PTO FAX NO.: (703) 872-9306

ATTENTION: Examiner Thomas E. Volper

Group Art Unit 2665

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Thomas E. Volper

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of W. Alexander Hagen, Application No. 09/832,679, filed April 10, 2001 for INTEGRATING PUBLIC AND PRIVATE NETWORK RESOURCES FOR OPTIMIZED BROADBAND WIRELESS ACCESS AND METHOD are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form;
2. Petition for Extension of Time (in duplicate); and,
3. Amendment.

Number of pages being transmitted, including this page: 7

Dated: April 12, 2005


Jeanette Olivera


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PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/832,679
	Filing Date	April 10, 2001
	First Named Inventor	Hagen, W. Alexander
	Art Unit	2665
	Examiner Name	Thomas E. Volper
	Attorney Docket Number	020860-000510US
Total Number of Pages in This Submission		

ENCLOSURES <small>(Check all that apply)</small>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Raymond B. Horn	
Date	Apr 12, 2005	Reg. No. 44,773

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on April <u>12</u> , 2005.		
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Typed or printed name	Jeanette Olivera	Date April 12, 2005

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